U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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Labor Organization File Number 035587  P.O. Box, Bldg., Room No., if any 5U148200  Street 99 RAILROAD ST, PLAZA  City HILLSVILLE  State NY  ZIP Code +4 1/801  State NY  ZIP Code +4 1/801  Labor Organization File Number 035587  P.O. Box, Building and Room Number, if any 5U148200  Street 99 RAILROAD ST, PLAZA  City HILLSVILLE  State NY  ZIP Code +4 1/801  State NY  ZIP Code +4 1/801	THE OLD ONLY THE ARMS THO THE ORT.	( NIG 15205 ) READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.		
3. Name and address of person filing.  Name MICHAEL DEVINOR ST. PLAZA  City HILLSVILLE  State NY ZIP Code +4 [180]  A. Name, file number, and address of labor organization.  Name BROTHERHOOD OF Lacomotive EngineEx  Labor Organization File Number D3 5587  P.O. Box, Building and Room Number, if any SV17E 200  Street 99 RAILROAD ST. PLAZA  City HILLSVILLE  State NY ZIP Code +4 [180]  State NY ZIP Code +4 [180]	ENDED	AMEN.		
3. Name and address of person filing.  Name MICHAEL DEVINOR Name BROTHERHOOD OF LOCOMOTIVE ENGINEE Labor Organization File Number 035587  P.O. Box, Bldg., Room No., if any SUITE 200  Street 99 RAILROAD ST, PLAZA  City HILUSVILLE  State NY ZIP Code +4 [150]  State NY ZIP Code +4 [150]	2. Fiscal Year Covered From:	1. File Number U - 3001		
Name MICHAEL J. QUINN  Name BROTHERHOOD OF LOCOMOTIVE ENGINEE  Labor Organization File Number 035587  P.O. Box, Bldg., Room No., if any SUITE 200  Street 99 RAILROAD ST, PLAZA  City HICKSVILLE  State NY  ZIP Code +4 1/301  State NY  ZIP Code +4 1/301  State NY  ZIP Code +4 1/301	07 / 07 / 09 Through: 12 / 31 / 09			
Labor Organization File Number 035587  P.O. Box, Bldg., Room No., if any SUIYE 200  Street 99 RAIL ROAD ST, PLAZA  City HICKSVILLE  State NY ZIP Code +4 1/80)  State NY ZIP Code +4 1/80)  Labor Organization File Number 035587  P.O. Box, Building and Room Number, if any SVIYE 200  City HICKSVILLE  State NY ZIP Code +4 1/80)  State NY ZIP Code +4 1/80)	Name, file number, and address of labor organization.	3. Name and address of person filing.		
P.O. Box, Bldg., Room No., if any SUIYE 200  Street 99 RAIL ROAD ST, PLAZA  City HILLSVILLE  State NY  ZIP Code +4 [1/50]  P.O. Box, Building and Room Number, if any SUIYE 200  Street 99 RAIL ROAD ST, PLAZA  City HILLSVILLE  State NY  ZIP Code +4 [1/50]  State NY  ZIP Code +4 [1/50]	Name BROTHERHOOD OF LOCOMOTIVE ENGINEER	Name MILHAEL J. Qu, NN		
Street 79 RAILROAD ST, PLAZA  City HILLSVILLE  State NY  ZIP Code +4 [1/80]  Street 79 RAILROAD ST, PLAZA  City HILLSVILLE  State NY  ZIP Code +4 [1/80]	Labor Organization File Number 03558			
City         HILLSVILLE           State         NI           ZIP Code +4         1/301           State         NI           ZIP Code +4         1/301	P.O. Box, Building and Room Number, if any SV19を 200	P.O. Box, Bldg., Room No., if any 50148200		
State ZIP Code + 4 // 30) State N/ ZIP Code + 4 // 30)	Street 99 RAILROAD ST. PLAZA	Street 99 RAILROAD ST, PLAZA		
	City HICKSVILLE	City HILUSVILLE		
5 Cacition in Jahor organization	State NY ZIP Code + 4 [//8-0/	State ZIP Code + 4 // 80)		
VILE CHAIRMAN		5. Position in labor organization. VILE CHAIRMAN		
(except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).  7.a. Nature of Interest, Transaction, or Income.	7.a. Nature of Interest, Transaction, or Income.	Name and address of Employer (including trade name, if any).		
Name HOLM & O'HARA LLP BRICKLAYERS' GOLF YOURNAMENT	BRICKLAYERS GOLF YOURNAMENT			
Trade Name, if any:		Trade Name, if any:		
P.O. Box, Bldg., Room No., if any SUITE 1745 GRAYBAR BURG				
7.b. Amount.				
Street 420 LEXINGTON AVE. 300.00	_ 1 300.00	Street 420 LEXINGTON AVE.		
City NY, NY				
State NY ZIP Code + 4 /0/70 -0/70	120	State V ZIP Code + 4 /0/20 -0/20		
Signature	Signa			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	On 5/5/05 5/6 932 7/36  Date Telephone Number	Signed Mikall, Qui		